



STATE OF DELAWARE
Department of Services for Children, Youth & Their Families

October 2, 2020

ISSUED BY: H. Ryan Bolles
DSCYF Procurement Administrator
302-633-2701

SUBJECT: **AWARD NOTICE**
CONTRACT NO. CYF 20-01
Insert Contract Name DSCYF Client Transportation

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KEY CONTRACT INFORMATION

1. CONTRACT PERIOD

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Contracts were awarded at different times throughout the fiscal year each extending possibly through 9/30/2025 pending satisfactory performance and availability of funds. Each contractor's contract shall be eligible for four (4) one (1) year renewal periods through negotiation between the contractor and DSCYF. Negotiation may be initiated no later than ninety (90) days prior to the termination of the current agreement.

2. VENDORS

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Vendor Name: APEX Transportation Services Address: 12600 South DuPont Highway Felton, DE 19943 Primary Contact Name: LeFeisha D Cannon Phone: (302) 284-7463 Email: admin@transportationapex.com FSF Number:	Vendor Name: Delmarva Transportation Address: 103 Maryland Ave Greenwood, DE 19950 Primary Contact Name: Paul R. Webb Phone: (302) 349-0840 Email: delmarvatrans@aol.com FSF Number:
Vendor Name: FAB Transportation Address: 57 Spruance Rd, Dover, DE 19901 Primary Contact Name: John C. Seals Phone: (302) 450-1322 Email: fabtransportllc@gmail.com FSF Number:	Vendor Name: Izofah Transportation, Inc. Address: 405 Dogwood Ave Dover, DE 19904 Primary Contact Name: Cyril C Madukwe Phone: (302) 678-4980 Email: ekwii_chuks@yahoo.com FSF Number:
Vendor Name: Knocks Transportation Address: 1216A Pearl Street Wilmington, DE 19801 Primary Contact Name: Craig Collins Phone: (302) 898-2967 Email: collinscraig@gmail.com FSF Number:	Vendor Name: Limousine Unlimited, LLC. Address: 12600 SOUTH DUPONT HIGHWAY, Felton, DE 19934 Primary Contact Name: Lefeisha D Cannon Phone: (302) 284-1100 Email: Limousine Unlimited@comcast.net FSF Number:
Vendor Name: Universal Transportation Co. Address: 1789 Alley Corner Road Clayton, DE 19938 Primary Contact Name: KINGSLEY CHUKS Phone: (302) 363-6590 Email: universaltrans4@cs.com FSF Number:	

3. PRICING

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1. Mileage based reimbursement \$1.88/mile – Reimbursement for one way trips greater than 8 miles.
2. Per Trip based reimbursement \$10.40 – Reimbursement for one way trips 8 miles or less
3. "No Show" – \$10.40 flat rate – Reimbursement when a client is not at the designated pick-up location at the requested time and the CONTRACTOR has exhausted all methods of contacting the referring Division and family or the client refuses to be transported at that time.

4. PAYMENT

DSCYF will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and/or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.